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Request for Continued Examination (RCE) **Transmittal**

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

	Application Number	10/688,059-Conf. #8156			
	Filing Date	October 17, 2003			
	First Named Inventor	Henry R. Costantino			
	Art Unit	1615			
	Examiner Name	E. E. Silverman			
	Attorney Docket Number	000166.2025-US02			

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

 Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). 								
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.								
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on								
ii. Other								
b. x Enclosed								
i. X Amendment/Reply iii. Information Disclosure Statement (IDS)								
ii. Affidavit(s)/Declaration(s) iv. Other								
2. Miscellaneous								
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a								
period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)								
b. Other								
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.								
a. The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any								
overpayments to Deposit Account No. <u>50-0740</u> . I have enclosed a duplicate copy of this sheet.								
i. X RCE fee required under 37 CFR 1.17(e)								
ii. Extension of time fee (37 CFR 1.136 and 1.17)								
iii. Other								
b. X Check in the amount of \$ 790.00 enclosed								
c. Payment by credit card (Form PTO-2038 enclosed)								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
Signature Cut Date March 9, 2007								
Name (Print/Type) Andrea G. Reister Registration No. 36,253								





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Effective on 12/08/2 Fees pursuant to the Consolidated Appropri	Application No.	Complete if Known Application Number 10/688,059-Conf. #8156							
	Filing Date	7 topinoction 1 tonico		tober 17, 2003					
FEE TRANSI	First Named Inv	g 5 c. c							
For FY 20			E. E. Silvermar						
Applicant claims small entity statu	Art Unit 1615			· · · · · · · · · · · · · · · · · · ·					
TOTAL AMOUNT OF PAYMENT (\$) 790.00		Atom		000166.2025-L	JS02				
METHOD OF PAYMENT (check all that apply)									
x Check Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: 50-0740 Deposit Account Name: Covington & Burling LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below except for the filling fee									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EX		·							
FII	ING FEES SI Small Entity	EARCH FEES Small Entity	EXAMIN	IATION FEES Small Entity					
Application Type Fee (\$			Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility 300	150 500	250	200	100					
Design 200	100 100	50	130	65					
Plant 200	100 300	150	160	80					
Reissue 300	150. 500	250	600	300					
Provisional 200	100	0	0	0					
2. EXCESS CLAIM FEES Small Entity									
Fee Description				*	Fee (\$) Fee (\$)				
Each claim over 20 (including Reiss					50 25				
Each independent claim over 3 (incl	uding Reissues) .				200 100				
Multiple dependent claims					360 180				
Total Claims Extra Claims		Paid (\$) Multiple Depender Fee (\$) F							
HP = highest number of total claims paid for	. if greater than 20.	 	re	<u>e (⊅)</u> ī	Fee Paid (\$)				
Indep. Claims Extra Claims	_	Paid (\$)							
2 -3=									
HP = highest number of independent claims	paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheet	Number of each	additional 50 or fra	ction thereo	f Fee (\$)	Fee Paid (\$)				
100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification \$130 fee (no small entity discount)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00									
SUBMITTED BY	1/0. A	LRegistration No.	36,253	Telephone	(202) 662 6000				
Signature (Malling)	XICE	(Attorney/Agent)	30,253		(202) 662-6000				
Name (Print/Type) Andrea G. Reiste	Г			Date	March 9, 2007				